

**Producer Licensing Bureau CE Expiration Date Data Extract Order Form**

Form LIC.DE 3 (Rev 02/2001)

**Customer Name:**

Producer Licensing Bureau

**Customer Company:**

P.O. Box 1139

**Internet Address:**

Sacramento, CA 95812-1139

**Express Delivery PO# & Carrier Name:**

Information (800) 967-9331 or (916) 322-3555

**Postal Delivery Address:****Order Date:****Telephone #:**

**SELECTIONS:** These listings will furnish all agents that have not yet completed their continuing education requirements. Please select from the above four line items you wish to order.

| <b>Time Frame Prior to Licensing<br/>Expiration</b>     | <b>Price</b>    | <b>Choice</b> |
|---|-----------------|---------------|
| <b>Three Months</b>                                     | <b>\$300.00</b> |               |
| <b>Four Months</b>                                      | <b>\$500.00</b> |               |
| <b>Five Months</b>                                      | <b>\$700.00</b> |               |
| <b>Six Months</b>                                       | <b>\$900.00</b> |               |
| <b>TOTAL ORDER AMOUNT</b>                               |                 |               |
| <b>SALES TAX**</b>                                      |                 |               |
| <b>TOTAL DUE TO: California Department of Insurance</b> |                 |               |

**\*\* California residents must add local sales tax. Send this completed form with your check to Attn: Paul Higdon, California Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814. For additional information request, call 916-492-3063.**

For further listing inquiries please call (916) 492-3063. This is a voice mail, mail box only.  
Or E-mail the Producer Mailing List Technician @ [listings@insurance.ca.gov](mailto:listings@insurance.ca.gov) at the  
State of California Department of Insurance Producer Licensing Bureau for more information.